

Statewide HCBS Waiver - Provider Requirements Standards Assessment and Documentation Review

Provider: _____

Date of Review: _____

Address: _____

Reviewer: _____

Provider Contact: _____

Provider Phone : _____

Services Reviewed: ☐ ADC ☐ ACLF ☐ AT ☐ HDM ☐ HMK ☐ IHR ☐ IR ☐ MHM ☐ PCA ☐ PCS ☐ PERS ☐ PEST

Place an "X" in the appropriate service segment if the standard is **MET**.
Place an "O" in the appropriate service segment if the standard is **NOT MET**.
Place an "NA" in the appropriate service segment if the standard is **NOT APPLICABLE** to the particular service.

The provider shall have available documentation for the following:		SERVICES											
I	ADMINISTRATION	ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Articles of Incorporation, Document of Origin, or Charter Letter												
2	Governing board and membership												
3	By-laws												
4	Organizational chart												
5	Standard Operational Procedures												
6	Current license for service(s) . Enter RENEWAL DATE in appropriate service segment to the right. Use date format: MM/DD/YY. Obtain Copy												
7	Most recent inspection or monitoring report from licensing agency. Enter DATE OF REPORT in appropriate service segment to the right. Use date format: MM/DD/YY.												
8	Documentation of coordination activities with key community and social service agencies.												
9	Demonstrate experience in working with older persons with functional impairments and disabilities and other adults with disabilities.												
10	Procedures governing financial responsibility and documentation of sufficient cashflow for 3 months.												
11	Financial statements are available: or if required by law - independent audits are performed regularly and available for review.												
12	Agency does not have a filing or history of bankruptcy in the last seven (7) years.												
13	Risk status and cash reserve evidenced through cash reports, letter of credit or statement from an independent Certified Public Accountant.												
14	Assurance that the provider will be staffed to operate during normal working hours.												
15	Personal Care Attendant and InHome Respite must be able to staff 24/7.												
16	Method to monitor services and assure the quality of care provided to clients.												
17	Policies and procedures to assure that the required reimbursement, auditing and reporting responsibilities are implemented.												
18	Verification that the Provider Agency does not/will not provide case management services to the same individuals for whom it provides waiver services to under this waiver.												
19	Verification that the Provider Agency has not been excluded from participation in the Medicare and Medicaid programs.												

I	ADMINISTRATION (continued)	ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
20	Protocol that assures enrollees and caregivers have the ability to contact the provider agency through the use of voice mail technology, answering machines, mobile telephones, pagers, back-up												
21	Evidence of compliance with all applicable laws and regulations, including Workman's Compensation and Unemployment Insurance and general Liability insurance of \$500,000.												
22	Policy of placing calls to the response center at least once monthly to assure system is working.												
23	At date of AAAD review, the facility is in good standing with the licensing authority.												
24	Provider Agency is a durable medical equipment supplier, or other retail or wholesale business entity.												

The provider shall have available documentation for the following:		SERVICES											
IIA	PERSONNEL - Policies and Procedures <i>Pertains to all individuals, hereby referred to as employees, who might have direct enrollee contact. Includes all staff members, including contractors and volunteers.</i>	ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Staffing Plan is sufficient to provide care to all waiver enrollees as prescribed by the Enrollees' Plans of Care.												
2	Policy to assure the provider will utilize the approved Plan of Care.												
3	Job description defined for each position to be utilized in implementation of waiver.												
4	Policy to assure that all staff training will be provided in accordance with the waiver.												
5	Policy describing how adequate professional supervision will be provided to the staff.												
6	Policy mandating criminal background checks. Each person providing direct enrollee care shall have a valid criminal background check in Tennessee, and other states as appropriate, before providing direct enrollee care. No person may be a care provider if a conviction for felony exists.												
7	Policy mandating abuse registry checks. Each person providing direct enrollee care shall have a valid abuse registry check in Tennessee, and other states as appropriate, before providing direct enrollee care. No person will be a care provider if an abuse or assault charge exists.												
8	Policy enforcing health and immunization requirements, as specified by the ALA, to be met at time of hire and maintained on a continual basis.												
9	Policy and evidence of practice to assure that personnel contracting infectious illnesses/diseases do not serve enrollees until they are no longer present symptoms of illness.												
IIB	PERSONNEL - Records <i>Enter summary of the review of the personal records from the Personnel Qualification Worksheet</i>												
1	Job description												
2	Documentation of staff member qualifications, trainings, and certifications												
3	Valid criminal background check												
4	Valid abuse registry check including sex offender registry.												
5	Completed employment history check												
6	Health and immunization records- TB and influenza yearly.												

The provider shall have available documentation for the following:

III SERVICE DELIVERY ASSURANCES		SERVICES											
A. GENERAL		ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Provider must comply with all service start timelines as outlined in the Provider Notification (PN) Instructions.												
2	Services will be provided within five (5) business days of PN effective date unless the declination PN is faxed to Case Manager, AAAD in region and TCAD within one (1) business day of receipt of PN.												
3	If for any reason the current service provider cannot continue to provide services to an enrollee, the provider will give at least a ten (10) business day written notice to the Case Manager to stop services to an enrollee.												
4	Service and units of service will be delivered as authorized and provided in accordance with established delivery schedule unless otherwise requested by the enrollee/family or until notified by the Case Manager that there has been a service change.												
5	If the enrollee/family requests from the provider an increase or decrease in service, the provider will notify the Case Manager immediately of the requested change, but will continue to provide services as currently authorized.												
6	All provider staff will treat enrollees in a respectful and dignified manner and keep health information confidential.												
7	Provider staff will explain available services and all forms that require an enrollee signature in a way the enrollees can understand												
8	Have provider's contact information, along with the name(s) of designated aides that will be provided to enrollee.												
9	Ensure good lines of communication between the enrollee, provider staff, and CM in the planning of care and delivery of services for the enrollee.												
10	Provider will monitor enrollee's condition for changes and report changes to the CM immediately.												
11	Provide opportunity at any time for the enrollee to file a complaint if they are dissatisfied with provider services.												
12	Accept that enrollee may change provider agencies or request change in worker for any reason.												
13	Any suspected abuse, neglect or mistreatment must be reported Adult Protective Services and Case Manager												
14	Agree that an enrollee may receive a copy of all files related to them upon request.												

B. STAFFING AND MISSED VISITS		ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Staffing will be available so enrollees will receive services as prescribed in the Plan of Care. Protocol for a backup staffing system will be required so that when employees are on leave or call off, the enrollees will continue to receive services without interruption.												
2	Service delivery will not be interrupted because of holidays or weather-related events, unless otherwise requested to reschedule by enrollee/family.												
3	Missed Visit Reports will be submitted to the AAAD and the Case Manager within a week of missed visit(s).												
C. GENERAL REQUIREMENTS FOR ALL SERVICES		ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Provider will attempt to accommodate non-English speaking enrollees or those with Limited English Proficiency.												
2	All services will be provided in accordance with the Statewide Waiver Manual.												
3	Services will be provided throughout the geographical area designated by the provider and service delivery schedule will be coordinated with the enrollee/family.												
4	Supervision of PCS, PCA, and IHR workers will be provided by a registered nurse, or a licensed practical or vocational nurse under the supervision of a registered nurse, or an individual with a Bachelor's degree in a social services field. Frequency of supervision will be as needed or at least												
5	Photo identification badge will be presented when a provider's employee enters an enrollee's home.												
6	Enrollee choice will be granted as appropriate within the scope of work.												
7	Provider will comply with the Americans with Disabilities Act and by amendments, rules and regulations of this act.												
8	All enrollee/family contact, or any contact on behalf of enrollee/family, will be documented in the enrollee's file.												
9	Emergencies will be managed and reported to the proper authorities immediately.												
10	Services will be provided within a safe manner.												

ASSISTIVE TECHNOLOGY / MINOR HOME MODIFICAITONS		ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Provider will have the ability to provide a selection of devises, aides, controls or appliances depending on the needs of the enrollee.												
2	Provider will inform Case Manager of any installation or delivery of equipment.												
3	Provider will furnish ongoing assistance when needed to evaluate and adjust products delivered, and/or to instruct the enrollee/family in the use of the item furnished.												
4	Warranty covering workmanship and materials used for job order will be provided to the enrollee/family and TCAD.												
5	Provider will replace equipment if available, or reorder equipment, within 24 hours of notification of malfunction.												
6	Provider will provide ongoing technical assistance.												

HOME DELIVERED MEALS		ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Meals will be packaged and transported in such as way as to preserve nutritional value and ensure food safety.												
2	Menus will be reviewed by a Registered Dietitian.												

PERSONAL EMERGENCY RESPONSE SYSTEM - PERS		ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Provider will be able to accept multiple signals simultaneously.												
2	Provider will be able to provide direct and immediate 2-way voice communication with the enrollee without having to disconnect.												
3	Provider will have electrical back-up capacity in case of a power outage.												

PEST CONTROL		ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Provider will maintain and provide the enrollee/family and/or TCAD a list of chemicals or substances used for each job order upon request.												
2	Provider will inform enrollee/family and Case Manager of any specific health or safety risks expected during the delivery of services, and will work with the Case Manager to ensure minimal risk of hazard to the enrollee/family.												

The provider shall have available documentation for the following:		SERVICES											
IV	RECORDS AND REPORTS	ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Provider will have procedures for the collection and reporting of enrollee specific data, including but not limited to rosters, invoices, daily logs, incident reports, and monthly service call checks (if applicable) which will be submitted in a time frame and format specified by the Tennessee Commission on Aging and Disability and the Bureau of TennCare, Long Term Care Division.												
2	Missed visit reports will be submitted to AAAD and CM with in a week of the missed visit.												
3	Provider will maintain records and provide disclosure of records when requested by the Area Agency on Aging and Disability, Tennessee Commission on Aging and Disability,or TennCare.												
3	Provider will require that information is released only per HIPAA regulations.												
4	Provider will document services performed with each visit and will include a services rendered checklist that will be signed by the enrollee and the employee, and then initialed by the employee's												
5	If enrollee decides he/she does not want to receive service(s) on a particularly scheduled day, the provider will document that the enrollee did not want service(s) and submit a missed visit form to the Case Manager and AAAD.												
6	Provider notifies enrollee/caregiver if worker is not available, offers make up time and documents in enrollee file.												
7	Provider will maintain records for a minimum of six (6) years and records must always be stored in a secure locked location.												
8	If provider withdraws as a SWW service provider, all enrollee records must be rendered to the AAAD with in 30 days of discontinuing as a waiver provider.												
V	QUALITY ASSURANCE REVIEW PROCEDURES	ADC	ACLF	AT	HDM	HMK	IHR	IR	MHM	PCA	PCS	PERS	PEST
1	Provider will monitor quality of service(s) provided to enrollee.												
2	Provider will monitor enrollee satisfaction with service(s).												
3	Provider will monitor, track and resolve enrollee complaints and incidents.												
4	Provider will report enrollee complaints and incidents to the CM and AAAD.												
5	Provider will have an Incident Report System that will track and report on the date, time, nature of the Incident; people involved; actions taken by provider, including police report number, if applicable; current status; resolution of incident and will send to CM and AAAD.												
6	Provider will have a Complaint Report System that will track and report on the date, time, nature of the Complaint; people involved; actions taken by provider; current status; resolution of the complaint and will send to CM and AAAD.												
7	Provider will provide Quality Assurance Orientation to employees and volunteers. Quality Assurance Orientation will include training in complaint, incident, and missed visit reporting.												

[illegible]